



TEXAS DEPARTMENT OF HEALTH
Bureau of Emergency Management

SKILLS PROFICIENCY FORM

All information given on this form is considered public record, with exception of social security number*. Candidate should submit this form with the recertification application. Successful completion of skills proficiency verification must be within 6 months of recertification application date.

Basic Skills Proficiency Verification for ECA shall consist of:

Bandaging and Splinting	Mechanical Aids to Breathing	Spinal Immobilization
Traction Splinting	Physical Assessment of Patient/Patient Assessment	CPR

IN ADDITION TO THE ABOVE, EMT (1994 Curriculum) Skills Proficiency Verification shall consist of:

Epinephrine Auto-Injector	Bronchodilator Administration
Cardiac Arrest Management/AED	Pneumatic Anti-shock Garment (PASG)

IN ADDITION TO THE ABOVE, EMT-I Skills Proficiency Verification shall consist of:

Peripheral Venipuncture	Adult Endotracheal Intubation
Esophageal Intubation	Infant Endotracheal Intubation

IN ADDITION TO THE ABOVE, EMT-P Skills Proficiency Verification shall consist of:

Drug Administration	Defibrillation/Cardioversion	Megacode
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Print Candidate's Last Name First

SS#* or EMS Personnel ID#

I have documented evidence from a state certified skills examiner, using state skills criteria, who has determined that this candidate is proficient in skills at the _____ level as listed above. I have retained copies of the verifying documents for (ECA, EMT, EMT-I, EMT-P) each skill, and certify that they were complete. I have no reason to conclude that this candidate does not continue to remain proficient as required for recertification/re-entry in each of the required skills as of today's date.

Check one:

9 I am NOT an Independent Examiner and I examine skills under the direction of _____.
(Print name of Course Coordinator)

9 I am an Independent Examiner and have approval from TDH as required in Examiner Rule §157.63.

Signature of Certified Skills Examiner

Date

Print Skills Examiner's Last Name First

EMS ID number or Examiner ID number

*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.